

Blepharospasm and periorbital edema after imatinib mesylate: improvement with botulinum toxin

Blefaroespasma e edema periorbitário após mesilato de imatinibe: melhora com toxina botulínica

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A 71-year-old man on treatment for chronic myeloid leukemia with imatinib mesylate presented with bilateral severe periorbital edema, including his eyelids, later progressing to blepharospasm (Figure A), and was referred to our Botulinum Toxin Outpatient Clinic two years ago. Hematological routine examinations, head and sinuses CT, brain MRI and CSF studies were normal. No treatment for dystonia had been done previously, including botulinum toxin. Botox[®] (70U of onabotulinumtoxinA, Allergan Inc., Irvine, CA, USA) was used for treatment of blepharospasm, with partial improvement (Figure B).

Periorbital edema is a fairly common side effect of imatinib mesylate¹; however, the association with

blepharospasm, and the treatment with botulinum toxin, has not been published². When the normal protective blink reflex becomes excessive, the ocular surface may be traumatized. The forceful and excessive eyelid blinking is not only debilitating but also results in further microtrauma to the ocular surface, further exacerbating the disease process. Patients with these conditions can present with chronic pain, photophobia, foreign body sensation, and secondary blepharospasm. Therefore, blepharospasm may be a symptom of ocular surface disease, and the use of botulinum toxin may be beneficial³.



Figure. Patient with severe periorbital edema associated with blepharospasm, secondary to treatment with imatinib mesylate. Imaging before (A) and after (B) botulinum toxin use. (With the patient's permission).

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